|  | SERIAL NO.   | FILING DATE  |  |  |
|--|--------------|--------------|--|--|
| MULTIPLE DEPENDENT CLAIM<br>FEE CALCULATION SHEET<br>(FOR USE WITH FORM PTO-875) | APPLICANT(S) | APPLICANT(S) |  |  |
| CLA  | IMS          |              |  |  |

| $\overline{}$ | AS FILED AFTER 1st AMENDMENT                     |  | AFTER 2nd AMENDMENT                              |  |  |  |
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|               | IND.   | DEP.   | IND.   | DEP.   | IND.   | DEP.   |
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| 46            |  |  | $\bot$   |  | $\bot$   |  |
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| 48            |  |  |  |  | 1  |  |
| 49            | 1  |  |  |  |  |  |
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| TOTAL         | <del> </del> _                                   | +-   | +  |  |  | +-   |
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| TOTAL<br>DEP. | 18   | -  |  | _  | 1  | _  |
|               |  |  |  |  |  |  |

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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